



INTERNATIONAL
TRADE
ADMINISTRATION

SURVEY OF INTERNATIONAL AIR TRAVELERS DEPARTING THE UNITED STATES



Dear International Traveler:

Please help the travel industry improve the services they offer you. The information collected in this survey is used by airlines, airports, hotels, government travel offices, destination marketing organizations, and other travel planners and providers to understand you, the international traveler, and thereby take steps to improve your next international trip.

This questionnaire is designed to be completed by both non-U.S. residents who have visited the country and U.S. residents traveling abroad. If you are 18 years of age or older, please complete this voluntary survey. **ONLY ONE RESPONSE PER FAMILY, PLEASE.** We will not be asking your name or any other personally identifying information.

Upon completing this survey, please return it to the person who gave it to you. The estimated average time to complete this questionnaire is 15 minutes. If you have any comments regarding this survey, or find you need to mail your completed survey, please forward to **Office of Travel and Tourism Industries**, ITA, Washington DC 20230.

Thank you for your cooperation on this important survey.

This survey also available in Arabic, Chinese, French, German, Italian, Japanese, Korean, Polish, Portuguese, Russian, Spanish

ONLY ONE RESPONSE PER FAMILY, PLEASE

1 a. Today's Date

Month/Day/Year

b. Name of Airline

c. Flight Number

2 a. At what airport did or will you board **this aircraft** today?

c. **For NON-U.S. Residents ONLY**

If this flight is part of the return journey to your home, what was the **main destination** that you visited since you left home?

City/Country:

b. At which airport will you leave **this aircraft**?

4 a. What is your country of **CITIZENSHIP**?

3 a. Where do you live?

City:

State:

Postal (ZIP) Code:

Country:

b. What is your country of **BIRTH**?

5 a. **For U.S. Residents ONLY**

At what city or airport will you pass through U.S. Customs and Passport Control when you return to the U.S.?

b. **For U.S. residents ONLY**

What will be your **main destination** on **THIS** trip?

City/Country:

b. **For Non-U.S. Residents ONLY**

When entering the U.S., at what city or airport did you pass through U.S. Customs and Passport Control?

NEXT Column, please

6 a. When planning **THIS** trip, how did you obtain the information used for planning?

Check (✓) for the information sources listed below in the column "Information Sources."

b. For each information source used, please indicate in 6b. (✓) whether this information source was via: Electronic Media, Voice Contact, or Other Media.

6a. Information Sources	(✓)	6b. Media for Information Sources		
		Electronic Media (Internet or Social Media)	Voice Contact (Phone or In-Person)	Other Media (TV, Radio or Print Media)
Airline				
Corporate Travel Department				
National/State/City Travel Office				
Online travel agency (e.g. Expedia/Ebookers)				
Personal recommendation (e.g. friends/relatives)				
Tour Operator/Travel Club				
Travel Agency Office				
Travel Guide				
Don't Know				
Other (Specify)				

7 How many days prior to departure –

a. Did you make the decision to travel?

days

b. Did you make your air travel reservations?

days

8 a. Did you visit a health care provider to **receive vaccinations or medication specifically for this trip**?

☐ Yes

☐ No – GO to question 9, next page

b. If "yes," approximately how many days in advance of this trip did you visit a health care provider?

days

- 9 How were AIRLINE reservations made for this trip?
Check (✓) ONLY ONE

Airline Reservations	Electronic Media (Internet)	Voice Contact (Phone or In-Person)
Directly with the airline	<input type="checkbox"/>	<input type="checkbox"/>
Corporate travel dept.	<input type="checkbox"/>	<input type="checkbox"/>
Internet booking service	<input type="checkbox"/>	
Tour operator/Travel club	<input type="checkbox"/>	<input type="checkbox"/>
Travel agency office		<input type="checkbox"/>
Don't know <input type="checkbox"/>		
Other (Specify)		

- 10 a. How far in advance was payment made for your international air tickets?

<input type="text"/>	(or)	<input type="text"/>	(or)	<input type="text"/>
Months		Weeks		Days

- b. Are these ONE WAY tickets?

☐ Yes
☐ No

- 11 Was travel insurance purchased for this trip?

☐ Yes
☐ No
☐ Don't Know

- 12 a. Before you left home, did you or your family make reservations for paid accommodations or commercial lodging?

☐ Yes – Go to question 12b
☐ No – SKIP to question 13
☐ Don't Know – SKIP to question 13

- b. How did you make your reservations for paid accommodations or commercial lodging?

Check (✓) ONLY ONE

Lodging Reservations	Electronic Media (Internet)	Voice Contact (Phone or In-Person)
Directly with the lodging establishment	<input type="checkbox"/>	<input type="checkbox"/>
Corporate travel department	<input type="checkbox"/>	<input type="checkbox"/>
Internet booking service (e.g. Hotels.com)	<input type="checkbox"/>	
Through the airline	<input type="checkbox"/>	<input type="checkbox"/>
Tour operator/Travel club	<input type="checkbox"/>	<input type="checkbox"/>
Travel agency office		<input type="checkbox"/>
Don't know <input type="checkbox"/>		
Other (Specify)		

- 13 a. In Column A below, please indicate what is/was the MAIN purpose of your trip?
Check (✓) ONLY ONE in Column A.

- b. In Column B, please mark any other trip purpose(s).
Check (✓) as many as apply in Column B.

A - MAIN purpose Check (✓) only one	(✓)	B - OTHER purpose(s) Check (✓) as many as apply	(✓)
Business/professional		Business/professional	
Visit customer		Visit customer	
Visit supplier		Visit supplier	
Sales/marketing		Sales/marketing	
Internal company meeting		Internal company meeting	
Convention		Convention	
Conference		Conference	
Trade show		Trade show	
Government/Military affairs		Government/Military affairs	
Education		Education	
Health treatment		Health treatment	
Vacation/Holiday		Vacation/Holiday	
Religion/Pilgrimage		Religion/Pilgrimage	
Visit friends/Relatives		Visit friends/Relatives	
Other (specify)		Other (specify)	

- 14 With whom are you traveling now?

Check (✓) ALL that apply

☐ Business associate(s)
☐ Family/Relatives
☐ Friend(s)
☐ Spouse/Partner
☐ Tour group
☐ Traveling alone

- 15 Including yourself, how many adults and/or children are in your travel party? Do not include other tour group members if you did not plan to travel with them before booking the tour.

Number of adults:

Number of children under 18 years old:

- 16 How many nights away from home have you spent or will you spend on this trip?

Number of nights in the U.S.A.
(including U.S. territories)

Inside:

Number of nights outside the USA

Outside:

Total number of nights away from home on this trip

Total:

- 17 **IN ORDER OF VISIT, list the principal places visited or to be visited on this trip, and indicate the number of nights at each place.** Under the section for number of nights, if you did not or will not stay overnight at a place visited, enter "0". Under the section for type of lodging, indicate the company name OR mark the appropriate space under Private Home or Other.

Destinations (Cities/Attractions) In the order of your itinerary <i>Enter ONLY ONE destination per line</i>	State or Country	Number of Nights	Type of Lodging <i>Indicate ONE per line</i>		
			Accommodation or Lodging (Hotel or Motel, etc.) <i>Specify name of company</i>	Check (✓)	
				Private Home	Other
1.					
2.					
3.					
4.					
5.					
6.					
7.					

- 18 a. Is this trip part of an inclusive tour package?

- ☐ Yes
☐ No – SKIP to question 19

- b. If yes in 18a, which of the following does/did your package include? Check (✓) *ALL that apply*

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Airfare | <input type="checkbox"/> Cruise | <input type="checkbox"/> Rail tickets |
| <input type="checkbox"/> Attractions/Events/Entertainment | <input type="checkbox"/> Guided tours | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Bus/Coach | <input type="checkbox"/> Meals | <input type="checkbox"/> Rental car |
| <input type="checkbox"/> Accommodation – | | <input type="checkbox"/> Tour guide for entire trip |
- How many nights lodging are included?

Nights:

- c. When was this package booked?

Month	Year	Don't Know <input type="checkbox"/>
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- d. Approximately how much did the prepaid package cost? Please indicate BOTH the total amount and the country of currency.

Total package cost:

Country of currency:

- 19 These next questions ask about the amount of money spent, or expected to be spent by you and your travel party (travelers for whom you have financial responsibility). Please estimate how much total money has been spent, or will be spent, outside your own country. If you had a prepaid package, do not include those items which were covered in the package mentioned in 18d above.

	Amount	Country of currency	# of people included in spending
a. What was the TOTAL spent outside your own country, excluding a pre-paid package?			
b. If the cost of international air travel was not part of a trip package in Question 18d, what was the total cost of the international air travel tickets including taxes and fees?			
c. How much money was spent at the airport of U.S. departure?			

U.S. Residents – SKIP to Question 20

For Non-U.S. Residents ONLY

19 continued

d. Of the total expenditure given in 19a, please estimate how much was **spent in the USA**
Specify total cost

Of the total expenditure given in 19d above, please estimate (in currency) how much was for -

1. Accommodations/Lodging in the U.S.

2. Additional air transportation in the U.S.

3. Entertainment and recreation in the U.S.

4. Food and beverages in the U.S.

5. Ground transportation (rail, bus, taxi, etc.) in the U.S.

6. Shopping, gifts, and other purchases in the U.S.

7. Other spending, if any, in the U.S.

Amount of spending	Country of currency	# of people included in spending

20 Please tell us HOW payment was made, or will be made, to cover ALL expenses on this trip.

Type of payment	Percentage of expenses	Issuing Company(ies) <small>Maestro, VISA, etc.</small>
Cash advance/withdrawal using credit card	%	
Purchases using credit card	%	
Cash advance/withdrawal using debit card	%	
Purchases using debit card	%	
Cash brought from home	%	
Traveler's checks	%	
TOTAL	100%	

21 What types of transportation were or will be used on THIS trip?

Check (✓) ALL that apply

- ☐ Airlines outside the USA
- ☐ Airlines within the USA
- ☐ Auto, private or company
- ☐ Bus between cities
- ☐ City subway/Tram/Bus
- ☐ Cruise ship/River boat 1+ nights
- ☐ Ferry/River taxi/Short scenic cruise
- ☐ Motor home/Camper
- ☐ Railroad between cities
- ☐ Rented bicycle/Motorcycle/Moped
- ☐ Taxicab/Limousine
- ☐ Rented auto --- *Specify company name below*

22 On this trip, did, or will, anyone in the traveling party engage in any of the following leisure activities?

Check (✓) ALL that apply

- ☐ Go Sightseeing
- ☐ Go Shopping
- ☐ Go Nightclubbing/Dancing
- ☐ Go on guided tour(s)
- ☐ Go to a casino/gamble

- ☐ Attend a sporting event
- ☐ Attend a concert/play/musical

- ☐ Visit Amusement/Theme parks
- ☐ Visit National Parks/Monuments
- ☐ Visit Art Galleries/Museums
- ☐ Visit Cultural/Ethnic Heritage Sights
- ☐ Visit American Indian communities

- ☐ Visit small towns/countryside
- ☐ Visit historical locations

☐ Participate in activities:

- ☐ Hunting/Fishing
- ☐ Snow sports
- ☐ Golfing/Tennis
- ☐ Camping/Hiking
- ☐ Water sports
- ☐ Environmental/Ecological excursions

☐ Other, specify _____

23 Please rate THIS airline for the flight you are taking today. Check (✓) *one* for each attribute below

	Excellent	Good	Average	Below average	Poor	Not Applicable
Pre-flight						
a. Airline club/Lounge	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Check-in personnel	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Check-in waiting time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Convenient schedule	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Reservation experience	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Ticket price	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
In-flight						
g. Cabin cleanliness	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Carry-on storage space	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Flight attendant service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Food/Beverage quality	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. In-flight entertainment	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. On-time departure	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Seat comfort	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Overall evaluation of flight	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

24 Would you choose or recommend this airline for another trip on this route? Check (✓) *ONE*

- ☐ Definitely would
☐ Probably would
☐ Probably would not
☐ Definitely would not
☐ Not sure

25 What were/are the three most important reasons (e.g., airfare, service, loyalty, schedule, etc.) for flying on THIS AIRLINE? Please list the **three** most important.

most important:

2nd most important:

3rd most important:

26 a. Where are you sitting, or where will you sit in the aircraft today? Check (✓) *ONE*

- ☐ First class
☐ Executive/Business class
☐ Premium economy
☐ Economy/Tourist/Coach

b. What type of airline ticket do you have?

Check (✓) *ALL that apply*

- ☐ Paid ticket
☐ Paid upgrade
☐ Frequent flyer award ticket
☐ Frequent flyer upgrade
☐ Discount/Group fare
☐ Non-revenue
☐ Don't know

NEXT Column, please

27 Please rate the following attributes of the AIRPORT from which you have just departed (or are currently waiting to depart) the U. S.

	Excellent	Good	Average	Below average	Poor	Did Not Use
a. Airport terminal cleanliness	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Airport terminal signage	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Business center/wireless availability	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Concession prices	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Ease of transit through airport	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Ground transportation	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Retail goods/Services/Duty Free	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Security measures	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Terminal seating availability	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Overall airport evaluation	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

U.S. Residents – SKIP to Question 30

28 a. For Non-U.S. Residents Only:Please rate your Passport Control and U.S. Customs experience at the **airport where you entered U.S.**Check (✓) **ONE** rating for each

	Excellent	Good	Average	Below average	Poor	Don't Know
1. Passport Control						
(a) Processing time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
(b) Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Customs baggage clearance						
(a) Processing time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
(b) Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

b. About how long did it take you to clear Passport Control, Baggage Claim, and Customs when entering the United States?
Specify in minutes

Minutes:

29 a. Do you expect to visit the United States again?

☐ Yes☐ No ... If not, would you please share the reason?

b. How well did this overall trip experience in the U.S. meet your expectations? Check (✓) **ONLY ONE**

☐ Exceeded expectations☐ Met expectations☐ Did not meet expectations

30 a. Is this your first trip by air to/from the United States?

Check (✓) **ONE**☐ Yes – **SKIP to question 31**☐ No – **Go to question 30b**

b. Including this trip, how many round trips by air have you made to/from the U.S. in the past 12 months?

Trips:

c. What is your gender?

☐ Female☐ Male

d. What is your race/ethnicity?

32 What is the total combined annual income of all members of your household?

Give your answer either in U.S. dollars or in your own country's currency.

Please specify the country of currency.

Total annual household income

Amount:

Country of currency

Country:

31 Please give us some information about yourself.

a. What is your occupation? Check (✓) **ONE**

☐ Administrative Support☐ Craftsman/Mechanic/Factory worker☐ Government/Military☐ Homemaker☐ Manager/Executive☐ Professional/Technical☐ Retired☐ Student☐ Other – Specify

b. What is your age?

Years:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.